

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/885288	FILING DATE 9/14/04				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2				1			52				
3				1			53				
4				1			54				
5				1			55				
6				1			56				
7				1			57				
8				1			58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				12			63				
14				12			64				
15			1				65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23				8			73				
24				8			74				
25			1				75				
26				1			76				
27			1				77				
28				1			78				
29				1			79				
30				1			80				
31				1			81				
32				1			82				
33			1				83				
34				1			84				
35				1			85				
36				1			86				
37			1				87				
38				1			88				
39				1			89				
40				1			90				
41				1			91				
42				1			92				
43				6			93				
44				6			94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			6				TOTAL IND.				
TOTAL DEP.			84				TOTAL DEP.				
TOTAL CLAIMS			90				TOTAL CLAIMS				